July 1987

Human Immunodeficiency Virus (HIV, AIDS virus) Infections

Information update for health care providers

Manitoba
Health

88-01889/

SUMMARY OF CHANGES IN THE HIV TESTING PROTOCOL AND PHYSICIAN INFORMATION PACKAGE

(revisions from December 1985)

1. The recommendations for HIV antibody testing have been broadened to include individuals with multiple sexual partners (and especially those with recent sexually transmitted diseases).

2. In Manitoba, it is presently deemed to be unnecessary to undertake routine screening of all persons who received blood prior to 1985. However, some persons, or their physicians, will wish that this testing be done. Individuals receiving blood transfusions between 1979 and November 1985 would be the group at risk.

3. HIV antibody testing is not recommended for routine prenatal, premarital, pre-operative, pre-hospitalization, or pre-employment screening.

4. A verbal informed consent is a satisfactory alternative to the written informed consent prior to patient testing. An abbreviated pre-test information sheet, to be given to patients at the time of testing, will accompany all requisitions. (see Appendix 1b).

5. The risk of the development of AIDS is acknowledged to be higher than indicated in the original information package. It is now estimated that 25-50% of HIV infected individuals may progress to AIDS over a 5-10 year period.

6. An update of epidemiological information on HIV infections in Manitoba is enclosed.

7. The Village Clinic has been established to deal specifically with issues of HIV infection. Resources at the clinic include counselling, education and medical services, for concerns regarding HIV infections.

8. Under Recommendations for Preventing the Transmission of HIV Infections, latex condoms are acknowledged to have a role in reducing the risk of HIV transmission.

9. Hospital policies should be consulted for records keeping of patients' test results in hospital. In general, testing for HIV antibodies on hospital in-patients may be problematic because it may not be possible to maintain an anonymous test result. In most cases, patients at risk for HIV infections should be tested as out-patients in doctor's offices.

These changes have been reviewed and approved by the College of Physicians and Surgeons of Manitoba and the Manitoba Medical Association.

The complete information package is enclosed.

HIV Advisory Committee

INDEX

		Page
	Summary of Changes in Protocol and Information	1
	Introduction	5
A.	Clinical Features of HIV Infections	7
B.	Epidemiological Update	7
C.	Local Developments	8
D.	Diagnostic Testing	9
E.	Community-Based Groups and Medical HIV Referral Services	15
F.	Recommendations for Preventing Transmission of Infection with HIV in the Workplace	15
Appendix 1.	1a) Pre-HIV Antibody Test Counselling	21
	1b) Pre-HIV Antibody Test Counselling (Abbreviated Form)	25
Appendix 2.	Aids Virus Antibody Testing — Consent Form	27
Appendix 3.	3a) Post-HIV Antibody Test Counselling — What a Positive AIDS Antibody Test Result Means	29
	3b) Post-HIV Antibody Test Counselling — What a Negative AIDS Antibody Test Result Means	33
Appendix 4.	Requisition form for HIV testing	Appended

Note: The information sheets as well as test requisitions are available from the Cadham Provincial Laboratory, 944-0270.

INTRODUCTION

This information package has been assembled and updated for distribution to physicians, medical trainees, dentists, medical officers of health, public health nurses, infection control nurses, and laboratory staff.

Your questions and comments on this information will be appreciated and can be addressed to any of the Manitoba HIV Advisory Committee members listed below, or to Manitoba Health, 945-6834.

G.W. Hammond, MD Chairman	Cadham Provincial Laboratory, 750 William Avenue, P.O. Box 8450, Winnipeg, Man., R3C 3Y1.
M.V. Fast, MD	Manitoba Health, 831 Portage Avenue, Winnipeg, Man., R3G 0N6.
R.C. Brunham, MD	Infectious Diseases Section, University of Manitoba, 5th Floor, Basic Sciences Building, 730 William Avenue, Winnipeg, Man., R3E 3J7.
J.R.M. Smith, MD	Fort Rouge Clinic, 601 Corydon Avenue, Winnipeg, Man., R3L 0P3.
C.A. Skoglund, MD	Primary Health Care, Health Sciences Centre, 700 William Avenue, Winnipeg, Man., R3E 0Z3.
H. Backe, BN	River Avenue Clinic, 385 River Avenue, Winnipeg, Man., R3L 0C3.
E. Chapman-Smyth, PhD	Knowles Centre, Inc., 2065 Henderson Highway, Winnipeg, Man., R2G 1P7.
P. Matusko, RN	Manitoba Health, 831 Portage Avenue, Winnipeg, Man., R3G 0N6.
R. Harris	The Village Clinic, 709 Corydon Avenue, P.O. Box 3175, Winnipeg, Man., R3C 4E6.

By mutual agreement, the HIV Advisory Committee has been dissolved as of July 9, 1987. The needs, mandate and structure of a proposed new HIV Advisory Committee are being reviewed.

A. CLINICAL FEATURES OF HIV INFECTIONS

Human immunodeficiency virus (HIV) produces chronic, active, usually life-long infection of T4 (helper) lymphocytes and macrophages. A wide spectrum of clinical manifestations may occur with infection. After an incubation period of approximately 4 to 8 weeks, an acute mononucleosis-like syndrome may occur, with fever, malaise and lymphadenopathy. Markers for Epstein-Barr virus infection are negative. This HIV mononucleosis-like syndrome spontaneously resolves. However, the majority of HIV-infected individuals remain infected and are persistently viremic and therefore potentially infectious to others. Infected individuals may remain asymptomatic, especially during the first several years of the infection. However, infected individuals may develop late clinical features. Late disease can begin from several months to several years after infection, with the following syndromes:

1) Acquired immune deficiency syndrome (AIDS): 25-50% of infected people may progress to AIDS over a 5-10 year period from the estimated date of infection, with a pronounced depletion of T4 lymphocytes and the development of opportunistic infections (fungal, viral, TB, parasitic), such as pneumonia (often Pneumocystis carinii), esophagitis, meningitis, encephalitis, or opportunistic tumors such as Kaposi's sarcoma or non-Hodgkins' lymphoma.

2) AIDS-related condition (ARC): this consists of unexplained generalized lymphadenopathy, minor opportunistic infections such as oral thrush or Herpes zoster, intermittent or continuous fevers, or watery diarrhea. Approximately 25% of infected individuals develop one or more of these minor manifestations of HIV infection. This may progress to AIDS.

3) HIV neurological diseases: this includes dementia and encephalopathy. These neurological syndromes can antedate the onset of AIDS although the majority are recognized in overt AIDS cases.

The development of any of these diseases in an individual belonging to those at risk for HIV infection should alert the physician to possible HIV infection. This is confirmed by the presence of antibody to HIV.

B. EPIDEMIOLOGICAL UPDATE OF HIV INFECTIONS

As of June 30, 1987 there have been 1116 patients with AIDS (Acquired Immune Deficiency Syndrome) reported in Canada. Eighteen patients have been reported to have AIDS in Manitoba (10 deaths), and over 100 individuals are known to be seropositive (including some Manitobans tested in out-of-province laboratories), many of whom have ARC. The overall seropositive rate of diagnostic specimens submitted to the CPL to the end of June 1987 is 4% (90/2110). The seropositive rate by risk group is as follows: homosexual/bisexual 10% (74/771), IV drug users 0% (0/128), homosexual/bisexual/IV drug users 24% (7/29), hemophiliacs 18% (8/44), global endemic area 2% (1/61) and others 0% (0/1077). The number of specimens per month submitted to CPL has more than tripled since January 1987, mainly from patients in the "other" category of relatively low risk.

In the USA, 35,068 AIDS patients have been reported to April 1987. Approximately one-half of all AIDS patients have died, and the mortality is over 80% for patients with AIDS longer than 3 years duration.

AIDS is now clearly identified as a growing worldwide problem. Over 80% of AIDS patients in Canada are homosexual or bisexual males, but it has been clearly documented that heterosexual transmission of AIDS can also occur. Thus, AIDS is mainly a sexually transmitted disease.

Important epidemiological characteristics of this infection are the prolonged and often asymptomatic infectious viremic state which may occur in some individuals (up to 5-10 years duration in studies to date) and the long lag period between infection and development of clinical illness (estimates of the median interval vary from 29 months to 4.5 years in post blood transfusion-associated AIDS). Therefore, an epidemiological pattern of an increased number of infections and more cases of symptomatic disease in the future can be expected.

C. LOCAL DEVELOPMENTS

Manitoba HIV Advisory Committee

In June 1985, this committee was established to be advisory to government, to provide a forum for information exchange among committee members, to help disseminate information to individuals at high risk and self-help groups, and to provide consultation and coordination of HIV-related issues. The HIV Advisory Committee has also been in communication with the Laboratory Centre for Disease Control and the National Advisory Committee on AIDS (NAC-AIDS) to facilitate the exchange of information and recommendations to help manage this difficult infection. Initially, the HIV Committee priorized sharing information about this infection with health care workers and established diagnostic testing protocols with a format to gather epidemiologic information. Plans formulated to assist with prevention of disease transmission among high risk individuals have recently been funded through Provincial and Federal sources to establish the Village Clinic. Funding requests have recently been approved by the Province of Manitoba for public education, epidemiological studies and counselling.

Screening of Blood for Antibody to HIV by the Red Cross

The screening of blood products by the Manitoba Red Cross began November 4th, 1985. Blood from HIV seropositive individuals is not used. The Red Cross will notify donors if their blood is unsatisfactory and request that they visit their physician or a referred physician for follow-up. To date only two donors have been found seropositive to HIV in Manitoba in over 100,000 units of blood screened (verbal information, Dr. M. Schroeder). This is among the lowest rates of seropositivity in Canada.

Diagnostic Testing for HIV Infections

Diagnostic testing for antibody to HIV is available through physician request to the Cadham Provincial Laboratory. As outlined below, **the following important considerations (counselling, both pre- and post-test; confidentiality and the use of a code for patient's specimens; and recommendations for informed consent before testing) should be understood by both the physician and the patient before serological testing is performed**.

The patient's fears of infection with the AIDS virus, of unwarranted discrimination, of the public's disapproval of the life-style of individuals at risk and their fear of contagion or of the "unknown", may create additional problems for both the patient and doctor. Thus, the patient's illness or fear cannot be managed without considering the community's concern about this disease. It is essential to establish in the patient's mind that the practitioner is sensitive to the need for confidentiality.

This is best accomplished by the practitioner who demonstrates an awareness of the need to maintain strict confidentiality of the patient's infection and life-style. The knowledge that the patient may develop a disease with a high mortality rate is a stress which understandably most individuals will manage with difficulty. Additional stress may result from the added threat of disclosure of personal behavior which the patient may not have chosen to make public.

Inadequately assessed and counselled individuals may become extremely distressed when they become aware that their HIV antibody test is positive. There have been reports of acute anxiety, severe depression, drug or alcohol abuse, sexual hyperactivity and even suicide or homicide associated with these practices.

Given these observations, the following guidelines have been developed for HIV antibody testing in Manitoba.

D. MECHANISMS FOR DIAGNOSTIC TESTING

Persons Who Should be Considered for Testing

For reasons of confidentiality, the HIV antibody test should NOT be ordered for screening purposes in asymptomatic individuals in an institutional setting. However, an exception exists for individuals considered for tissue or body fluid donations (kidney, cornea, sperm or breast milk donors). Screening of blood from these donors has been carried out at the CPL since the spring of 1986.

From the office or clinic setting, the HIV antibody testing is appropriately indicated for any person in a risk category listed below, providing pre-test counselling has been given, post-test counselling has been planned and an informed consent (Appendix 2) has been obtained. A verbal consent is satisfactory, especially when accompanied by the pre-test information sheet — see Appendix 1a or 1b.

As amended from the National Advisory Commitee on AIDS Physician Information Package, persons at risk for HIV infection and who may require HIV antibody testing are:

- anyone who demonstrates signs or symptoms of possible HIV infection;
- males who have had sex with another male since 1979;
- past or present abusers of intravenous drugs;
- hemophiliacs, especially those who received Factor VIII concentrate prior to July 1, 1985;
- sex partners (male or female) of persons in these groups or of persons with a verified reactive HIV antibody test;
- health care workers who have sustained parenteral exposure to blood/body fluids of HIV infected individuals;
- persons from areas where HIV infections or AIDS are endemic (e.g equatorial Africa, Haiti);
- recent offspring of any parent belonging to these high risk groups;
- individuals with multiple sexual partners, especially those individuals with recently documented sexually transmitted diseases;
- in Manitoba, it is presently felt unnecessary to undertake routine screening of all persons who received blood prior to 1985 as has been advised in the high risk areas in the United States. Some persons or their physicians will, however, wish that this testing be done. Individuals receiving blood transfusions between 1979 and November 1985 would be considered to be at risk.

Any patient may request HIV antibody testing; however, physicians should order the test when the patient is at risk for HIV infection as indicated above, and, the patient understands fully the implications of the test and the test results.

HIV antibody testing is not recommended in Manitoba for routine prenatal, premarital, pre-operative, or pre-hospitalization or pre-employment screening.

Pre-test Counselling (See Appendix 1a and 1b)

Since adequate pre-test counselling will be time consuming and requires knowledgeable, trained individuals, many doctors (in consultation with the patient) may wish to refer their patients to one of the following counselling services:

- the Manitoba regional medical officer of health;
- the Hemophilia program at the Health Sciences Centre (787-2465);
- Infectious Diseases Clinics, at the Health Sciences Centre (787-3319) or at St. Boniface General Hospital (235-3141);
- Manitoba Health (945-6834);
- the City of Winnipeg Health Department (475-2591);
- the Village Clinic (453-2114).

The abbreviated form of the pre-test counselling sheet (Appendex 1b) is attached to the test requisition, and may be useful for patients at low risk of HIV infection who may require less intensive counselling.

Signed Consent

Physicians are advised by the Committee to obtain signed consent prior to HIV serodiagnosis, using the attached consent form (Appendix 2). This approach is consistent with the National Advisory Committee on AIDS (NAC-AIDS) and has been endorsed by the Canadian Medical Protective Association (CMPA). The consent form should **not** be returned with the requisition.

An informed verbal consent prior to serological testing is a satisfactory alternative.

Requisition Form (Appended)

Coding

To guarantee anonymity and to better understand the prevalance of HIV infections in Manitoba for the targetting of preventive strategies, the Committee has decided that a **confidential code is an absolute prerequisite for all specimens submitted for diagnosis**. The code to preserve confidentiality is demonstrated here and on the enclosed requisition form:

	LAST 2 LETTERS OF MOTHER'S MAIDEN NAME	YEAR OF PATIENT'S BIRTH	DAY OF BIRTH	SEX M OR F	HEALTH REGION OF PATIENT'S RESIDENCE (SEE MAP ON REVERSE)
PATIENT CODE NO.		19			

This code is to be used for diagnosis of HIV infections on blood submitted to the Cadham Provincial Laboratory (CPL), the laboratory designated for this testing. Physicians are requested to complete the entire code. They are also advised to keep a record of the code since enquiries regarding specimens cannot be processed without this information. Further information can be obtained from Dr. L. Sekla at the CPL — 944-0270.

Clinical and epidemiological information

To facilitate accurate and up-to-date epidemiological data, the HIV Committee has advised that a request for laboratory diagnosis **must** be accompanied by accurate clinical and epidemiological information.

Drawing Blood From Patients With "Blood and Body Fluids Precautions"

Health care workers who draw blood from patients with "Blood and Body Fluids Precautions" (possible hepatitis B and/or HIV infections) should wear disposable gloves and use disposable venipuncture equipment. Cracked or chipped vacutainers should not be used. Needles should be disposed of without manipulation into puncture-resistant containers. Other items contaminated with blood should be disposed of into a plastic bag and placed into a second plastic bag for disposal according to local solid waste disposal mechanisms. Additional guidelines for prevention of HIV infections in the workplace are provided in section F.

Should accidental parenteral injection of a health care worker occur, the health care worker should be aware of a $< 1\%$ risk of seroconversion following such acccidents. The health care worker may wish to be enrolled in a Canadian study of accidental parenteral exposure; for information phone 945-6834.

Specimen Labelling and Shipment

It is the responsibility of the admitting physician to order that a "Blood and Body Fluids Precautions" label is attached to each specimen from a known or suspected HIV infected individual.

If specimens cannot be sent within 24 hours they should be refrigerated.

Safety instructions for shipment of specimens labelled with "Blood and Body Fluids Precautions" include the enclosure of the labelled specimen within a sealed plastic bag, with the requisition attached to the **outside** of the bag.

These safety labels may be obtained from the Cadham Provincial Laboratory or most hospitals. They are also on the HIV requisition form.

Note: It is recommended that these "Blood and Body Fluids Precautions" labels should be used for **both** possible hepatitis B and/or HIV infections. Enteric specimens from patients with undiagnosed hepatitis should have "Enteric Precautions", because of the possibility of hepatitis A infection.

Requests for additional requisition and consent forms, and labels for "Blood and Body Fluids Precautions" are available from the Cadham Provincial Laboratory, 944-0270.

Chart Labelling "Blood and Body Fluids Precautions"

"Blood and Body Fluids Precautions" labels should be placed where health care professionals can easily see them, such as on the inside of a chart cover or on the back of a cardex file. These labels should not be affixed to the outside of charts or the lower half of cardexes where loss of confidentiality may occur through casual observation. Similarly, "Blood and Body Fluids Precautions" labels should not be placed on the outside of rooms or doors containing patient identification. Local hospital policies should be consulted.

Recording of HIV Antibody Test Result in Doctor's Offices and the Hospitals

For asymptomatic individuals, in order to ensure confidentiality of HIV test ordering and results The following options should be discussed with the patient:

- the result will be recorded in the patient's chart

  OR

- the result will be stored in an alternate safe place

  OR

- the patient should be referred to another physician who will store the result securely.

For symptomatic individuals, test results should be recorded in the patient's chart.

The completion of physician claim cards and the diagnosis on the discharge sheets should be appropriate to the level of confidentiality agreed to with the patient. However, new international disease code designations have recently been developed and accurate medical data is useful for medical records and epidemiological purposes.

Post-test Counselling (See Appendices 3a and 3b)

Post-test information packages for the patient are enclosed for individuals to read after receiving notification of either positive or negative test results.

Follow-up Recommendations

The following information for the follow-up of seropositive and seronegative individuals has been amended from JAMA, September 13, 1985, 254: 1342-1345.

1. **Follow-up recommendations for individuals positive for antibody to HIV**

   Seropositive individuals should be followed closely by physicians for the development of the signs and symptoms of AIDS and AIDS related condition. In addition, the following recommendations apply to seropositive individuals:

   - They should be informed of the early clinical manifestations of HIV infections including those of AIDS related conditions and manifestations of AIDS itself, and to seek medical attention if any of these manifestations occur.
   - Seropositive individuals should be clinically evaluated at least twice annually. The prognosis for an HIV antibody positive asymptomatic individual is not yet fully understood.
   - Seropositive individuals may be asymptomatic but at risk of infecting others through sexual intercourse, sharing needles, and possibly through saliva or oral-genital contact, or intimate kissing. The careful and correct use of latex condoms is highly recommended to decrease the risk of virus transmission. More detailed information outlining safe sex practices and proper condom use is available from the Village Clinic, and Manitoba Health. Safe sex practices reduce the chances of the exchange of any body fluids.
   - Seropositive individuals should not donate blood, plasma, body organs, other tissue or sperm.
   - Needles, toothbrushes, razors, or any other equipment which may be contaminated with blood should not be shared.
   - Children born since 1979 to mothers with a positive antibody test to HIV virus should be clinically evaluated at regular intervals.
   - Women belonging to high risk groups or women who are sexual contacts of individuals from high risk groups or individuals with a positive test, may be at risk for acquiring AIDS and passing AIDS on to their offspring or other sexual partners.
   - Household contacts of HIV antibody positive individuals do not have to be tested at regular intervals.
   - After accidents that cause bleeding of seropositive individuals, decontamination of the environment should be carried out with one part household bleach freshly diluted with nine equal parts of water.
   - Hypodermic needles and acupuncture needles used with seropositive individuals require steam (autoclave) sterilization before reuse. Disposable products should be used wherever possible.
   - Individuals with positive HIV antibody results should inform their medical or dental practitioners of the requirement for blood and body fluid precautions so that effective precautions can be taken.
   - HIV antibody positive individuals need not change jobs because of dealings with the public. However, they should avoid exposing their body fluids or blood to others, and minimal precautions in extremely unusual situations includes the use of gloves.
   - Seropositive individuals employed in a medical, dental or other personal care professions should protect the public or patients with precautions like those outlined for hepatitis B prevention.
   - Sex partners or needle-sharing partners of seropositive individuals should be followed up regularly by medical examinations.

2. Follow-up recommendations for individuals at high risk but negative for antibody to HIV

A negative test result indicates that the individual is very unlikely to have been infected with the virus. These individuals should not develop AIDS providing they adhere to safe sex practices and other risk reduction precautions from this time onwards.

It should be noted that a small number of false negative test results can occur, either from technical reasons, or because of recent exposure (within 2-3 months).

The following recommendations apply to high risk but seronegative individuals, to reduce their risk of infection:

- They should be informed of the early clinical manifestations of HIV infections, including those of AIDS related conditions and manifestations of AIDS itself, and to seek medical attention if any of these manifestations occur.
- High risk seronegative individuals should be clinically and serologically evaluated for evidence of HIV infection at least twice annually.
- High risk individuals may be asymptomatic but at risk of infecting others through sexual intercourse, sharing needles, and possibly through saliva or oral-genital contact, or intimate kissing. The careful and correct use of latex condoms has a role in decreasing the spread of virus transmission. More detailed information is available outlining safe sex practices and proper condom use, through the Village Clinic, and Manitoba Health. Safe sex practices eliminate the exchange of any body fluids.
- High risk individuals should not donate blood, plasma, body organs, other tissue or sperm.
- Needles, toothbrushes, razors, or any other equipment which may be contaminated with blood should not be shared with high risk individuals.
- Children born since 1979 to high risk females should be clinically evaluated at regular intervals.
- Women belonging to high risk groups or women who are sexual contacts of individuals from high risk groups with a positive test, may be at risk for acquiring AIDS and passing HIV on to their offspring.
- Household contacts do not have to be tested at regular intervals.
- After accidents that cause bleeding of high risk individuals, environmental decontamination should be carried out with one part household bleach freshly diluted with nine equal parts of water.
- Hypodermic needles and acupuncture needles used with high risk individuals require steam sterilization before reuse. Disposable products should be used wherever possible.
- Individuals from high risk groups should inform their medical or dental practitioners of the requirement for blood and body fluid precautions so that effective precautions can be taken in those settings.
- These individuals need not change jobs because of dealings with the public. However, they should avoid exposing their body fluids to others, and minimal precautions in extremely unusual situations may include the use of gloves.
- Individuals from high risk groups employed in a medical, dental or other personal care professions should protect the public or patients with precautions like those outlined for hepatitis B measures.

E. COMMUNITY-BASED GROUPS

Two community-based groups have formed committees or are organized to deal with selected aspects of HIV infections. Information is provided below on the services available from the Village Clinic, and the Canadian Hemophilia Association. Specific medical referral services are also listed below.

The Village Health Clinic

The Village Clinic has been established to deal specifically with issues of HIV infection. Resources at the clinic include counselling, education and medical services, for concerns regarding HIV infections.

Service to Hemophiliacs

Services designed specifically for those patients with hemophilia and their families are available through the Health Sciences Centre in Winnipeg. Physicians, a nurse specialist, a physiotherapist, a dentist and a psychologist form a service team to meet the varied needs of hemophiliacs. In addition, the Manitoba Chapter of the Canadian Hemophilia Society, located in Winnipeg, offers up-to-date information on AIDS as it relates to hemophiliacs and their families. For further information on hemophilia and AIDS, contact Nora Schwetz at the Health Sciences Centre (787-2465) or Stuart Johnson at the Canadian Hemophilia Society (775-8625).

Referral to Infectious Diseases Clinics

Clinical assessment and counselling services are available through appointment at the Health Sciences Centre (for Tuesday afternoons, phone 787-3319) or St. Boniface General Hospital (for Tuesday mornings, phone 235-3141).

Referrals to Local Medical Officers of Health

Further information on services available in various provincial regions can be obtained through Manitoba Health at 945-6934, or the City of Winnipeg Health Department at 475-2591.

F. RECOMMENDATIONS FOR PREVENTING TRANSMISSION OF INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS IN THE WORKPLACE

The following has been amended from the report of the Centers for Diseases Control, Atlanta, Ga. published in the MMWR of November 15, 1985, Vol. 34: No. 45, 681-695.

The information and recommendations contained in this document have been developed with particular emphasis on health care workers and others in related occupations in which exposure might occur to blood from persons infected with HIV, the "AIDS virus". Because AIDS is a bloodborne, sexually transmitted disease that is not spread by casual contact, this document does not recommend routine HIV antibody screening for the groups addressed.

The following recommendations have been developed for all workers, particularly workers in occupations in which exposure might occur to blood from individuals infected with HIV. These recommendations are based on the well-documented modes of HIV transmission identified in epidemiologic studies and in comparison with the hepatitis B experience. Other recommendations

are based on the hepatitis model of transmission. Specific recommendations for health care workers (HCWs) who perform invasive procedures (e.g., surgeons, dentists) are now available (contact Manitoba Health).

Current evidence indicates that, despite epidemiologic similarities of HBV and HIV infection, the risk for hepatitis B virus (HBV) transmission in health care settings far exceeds that for HIV transmission. Chronic carriers of HBV who have a low concentration of virus in their blood have not been implicated in HBV transmission in the health care setting. The HBV model thus represents a "worst case" condition in regard to transmission in health care and other related settings. Therefore, recommendations for the control of HBV infection should, if followed, also effectively prevent spread of HIV. Routine screening of all patients or HCWs for evidence of HBV infection has never been recommended. Control of HBV transmission in the health care setting has emphasized the implementation of recommendations for the appropriate handling of blood, other body fluids, and items soiled with blood or other body fluids.

Transmission From Patients to Health Care Workers

Recommendations for HCWs emphasize precautions appropriate for preventing transmission of bloodborne infectious diseases, including HIV and HBV infections. Thus, these precautions should be enforced routinely, as should other standard infection-control precautions, regardless of whether HCWs or patients are known to be infected with HIV or HBV. All HCWs, including students and housestaff, should be educated regarding the epidemiology, modes of transmission, and prevention of HIV infection.

Risk of HCWs acquiring HIV in the workplace. Using the HBV model, the highest risk for transmission of HIV in the workplace would involve parenteral exposure to a needle or other sharp instruments contaminated with blood of an infected patient. The risk to HCWs of acquiring HIV infection in the workplace has been evaluated in several studies and has been found to be very low.

In spite of the extremely low risk of transmission of HIV infection even when needlestick injuries occur (less than 1.0%), more emphasis must be given to precautions targetted to prevent needlestick injuries in HCWs caring for any patient since such injuries continue to occur even during the care of patients who are known to be infected with HIV.

Precautions to prevent acquisition of HIV infection by HCWs in the workplace. These precautions represent prudent practices that apply to preventing transmission of HIV and other bloodborne infections and should be used routinely.

1. Sharp items (needles, scalpel blades, and other sharp instruments) should be considered as potentially infective and should be handled with extraordinary care to prevent accidental injuries.

2. Disposable syringes and needles, scalpel blades, and other sharp items should be placed into puncture-resistant containers located as close as practical to the area in which they were used. To prevent needlestick injuries, needles should not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand.

3. When the possibility of exposure to blood or other body fluids exists, routinely recommended precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or equipment contaminated with blood or other body fluids. It may also require gowns, masks, and eye-coverings when

performing procedures involving more extensive contact with blood or potentially infective body fluids, as in some dental or endoscopic procedures or postmortem examinations. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood.

4. To minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predictable.

5. Pregnant HCWs are not known to be at greater risk of contracting HIV infections than HCWs who are not pregnant; however, if a HCW develops HIV infection during pregnancy, the infant is at increased risk of infection resulting from perinatal transmission. Because of this risk, pregnant HCWs should be especially familiar with precautions for preventing HIV transmission.

Precautions for HCWs during home care of persons infected with HIV. Persons infected with HIV can be safely cared for in home environments. Studies of family members of patients infected with HIV have found no evidence of HIV transmission to adults who were not sexual contacts of the infected patients or to children who were not at risk for perinatal transmission. HCWs providing home care face the same risk of transmission of infections as HCWs in hospitals and other health care settings, especially if there are needlesticks or other parenteral or mucous membrane exposures to blood or other blody fluids.

When providing health care service in the home to persons infected with HIV, measures similar to those used in hospitals are appropriate. As in the hospital, needles should not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand. Needles and other sharp items should be placed into puncture-resistant containers and disposed of in accordance with local regulations for solid waste. Blood and other body fluids can be flushed down the toilet. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the toilet should be wrapped securely in a plastic bag that is impervious and sturdy (not easily penetrated). It should be placed in a second bag before being discarded in a manner consistent with local regulations for solid waste disposal. Spills of blood or other body fluids should be cleaned with soap and water or a household detergent. As in the hospital, individuals cleaning up such spills should wear disposable gloves. A disinfectant solution or a freshly prepared solution of sodium hypochlorite (household bleach) should be used to wipe the area after cleaning.

Providers of pre-hospital emergency health care. These persons should follow the precautions outlined above for other HCWs. Because of the theoretical risk of salivary transmission of HIV during mouth-to-mouth resuscitation, special attention should be given to the use of disposable airway equipment or resuscitation bags and the wearing of gloves when in contact with blood or other body fluids. Resuscitation equipment and devices known or suspected to be contaminated with blood or other body fluids should be used once and disposed of or be thoroughly cleaned and disinfected after each use.

Management of parenteral and mucous membrane exposure of HCWs. If a HCW has a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids, the source patient should be assessed clinically and epidemiologically to determine the likelihood of HIV infection. If the assessment suggests that infection may exist, the patient should be informed of the incident and requested to consent to serologic testing for evidence of HIV infection. If the source patient has AIDS or other evidence of HIV infection or declines testing, or has a positive test, the HCW should be given hepatitis B

immune globulin (HBIG). The HCW should be evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure, and, if seronegative, retested after 6 weeks and on a periodic basis thereafter (e.g., 3, 6, and 12 months following exposure) to determine if transmission has occurred. During this follow-up period, especially the first 6-12 weeks, when most infected persons are expected to seroconvert, exposed HCWs should receive counselling about the risk of infection and follow U.S. Public Health Service (PHS) recommendations for preventing transmission of AIDS. If the source patient is seronegative and has no other evidence of HIV infection, no further follow-up of the HCW is necessary. If the source patient cannot be identified, decisions regarding appropriate follow-up should be individualized based on the type of exposure and the likelihood that the source patient was infected. Information on a cross Canada survey of accidental parenteral exposure to HIV is available through Manitoba Health, 945-6834.

Transmission From Health Care Workers to Patients

Risk of transmission of HIV infection from HCWs to patients. There is no evidence that HCWs infected with HIV have transmitted infection to patients. HCWs known to be infected with HIV who do not perform invasive procedures need not be restricted from work unless they have evidence of other infection or illness for which any HCW should be restricted. Whether additional restrictions are indicated for HCWs who perform invasive procedures is currently being considered.

Precautions to prevent transmission of HIV infection from HCWs to patients. These precautions apply to all HCWs regardless of whether they perform invasive procedures. All HCWs should wear gloves when in direct contact with mucous membranes or non-intact skin of all patients. HCWs who have exudative lesions or weeping dermatitis should refrain from all direct patient-care and from handling patient-care equipment until the condition resolves.

Management of parenteral and mucous membrane exposure of patients. If a patient has parental or mucous membrane exposure to blood or other body fluids of a HCW, the patient should be informed of the incident and the same procedure outlined above for exposures of HCWs to patients should be followed for both the source HCW and the potentially exposed patient. Management of this type of exposure will be addressed in more detail in the recommendations for HCWs who perform invasive procedures.

Serologic testing of HCWs. Routine serologic testing of HCWs is not recommended to prevent transmission of HIV infection. The risk of transmission is extremely low and can be further minimized when routinely recommended infection control precautions are followed. Serologic testing of HCW in high risk groups is recommended as for any high risk individual.

Risk of occupational acquisition of other infectious diseases by HCWs infected with HIV. HCWs who are known to be infected with HIV and who have defective immune systems are at increased risk of acquiring or experiencing complications of other infectious diseases. Of particular concern is the risk of infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken (e.g., tuberculosis). HCWs infected with HIV should be counselled about the potential risk associated with taking care of patients with transmissible infections and should continue to follow existing recommendations for infection control to minimize their risk of exposure to other infectious agents. The HCWs' personal physician(s), in conjunction with their institutions' personnel health services or medical directors, should determine on an individual basis whether the infected HCW can adequately and safely perform patient-care duties. In making this determination, policies concerning requirements for vaccinating HCWs with live-virus vaccines should also be considered.

Sterilization, Disinfection, Housekeeping, and Waste Disposal to Prevent Transmission of HIV

Sterilization and disinfection procedures currently recommended for use in health care and dental facilities are adequate to sterilize or disinfect instruments, devices, or other items contaminated with the blood or other body fluids from individuals infected with HIV. Instruments or other nondisposable items that enter normally sterile tissue or the vascular system or through which blood flows should be sterilized before reuse. Surgical instruments used on all patients should be decontaminated after use rather than just being rinsed with water. Decontamination can be accomplished by machine or by hand cleaning by trained personnel wearing appropriate protective attire and using appropriate chemical germicides. Instruments or other nondisposable items that touch intact mucous membranes should receive high-level disinfection.

Several liquid chemical germicides commonly used in laboratories and health care facilities have been shown to kill HIV at concentrations much lower than are used in practice. When decontaminating instruments or medical devices, chemical germicides that are registered with and approved by the U.S. Environmental Protection Agency (EPA) as "sterilants" can be used either for sterilization or for high-level disinfection depending on contact time. Germicides that are approved for use as "hospital disinfectants" and are mycobactericidal when used at appropriate dilutions can also be used for high-level disinfection of devices and instruments. Germicides that are mycobactericidal are preferred because mycobacteria represents one of the most resistant groups of microorganisms, and germicides that are effective against mycobacteria are also effective against other bacterial and viral pathogens. When chemical germicides are used, instruments or devices to be sterilized or disinfected should be throughly cleaned before exposure to the germicide, and the manufacturer's instructions for use of the germicide should be followed.

Laundry and dishwashing cycles commonly used in hospitals are adequate to decontaminate linens, dishes, glassware, and utensils. When cleaning environmental surfaces, housekeeping procedures commonly used in hospitals are adequate, surfaces exposed to blood and body fluids should be cleaned with a detergent followed by decontamination using an EPA-approved hospital disinfectant that is mycobactericidal. Individuals cleaning up such spills should wear disposable gloves. Information on specific label claims of commercial germicides can be obtained by writing to the Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, S.W., Washington, D.C., 20460.

In addition to hospital disinfectants, a freshly prepared solution of sodium hypochlorite (household bleach) is an inexpensive and very effective germicide. Concentrations ranging from 5,000 ppm (a 1:10 dilution of household bleach) to 500 ppm (a 1:100 dilution) sodium hypochlorite are effective, depending on the amount of organic material (e.g., blood, mucus, etc.) present on the surface to be cleaned and disinfected.

Sharp items should be considered potentially infective and should be handled and disposed of with extraordinary care to prevent accidental injuries. Other potentially infective waste should be contained and transported in clearly identified impervious plastic bags. If the outside of the bag is contaminated with blood or other body fluids, a second outer bag should be used. Recommended practices for disposal of infective waste are adequate for disposal of waste contaminated by HIV. Blood and other body fluids may be carefully poured down a drain connected to a sanitary sewer.

Considerations Relevant to Other Workers

Personal-service workers (PSWs). PSWs are defined as individuals whose occupations involve close personal contact with clients (e.g., hairdressers, barbers, estheticians, cosmetologists, manicurists, pedicurists, massage therapists). PSWs whose services (tattooing, ear piercing, acupuncture, etc.) require needles or other instruments that penetrate the skin should follow precautions indicated for HCWs. Although there is no evidence of transmission of HIV from clients to PSWs, from PSWs to clients, or between clients of PSWs, a risk of transmission would exist from PSWs to clients and vice versa in situations where there is trauma to one of the individuals that would provide a portal of entry for the virus and access of blood or serous fluid from one infected person to the open tissue of the other, as could occur if either sustained a cut. A risk of transmission from client to client exists when instruments contaminated with blood are not sterilized or disinfected between clients. However, HBV transmission has been documented only rarely in acupuncture, ear piercing, and tattoo establishments and never in other personal-service settings, indicating that any risk for HIV transmission in personal-service settings must be extremely low.

All PSWs should be educated about transmission of bloodborne infections, including HIV and HBV. Such education should emphasize principles of good hygiene, antisepsis, and disinfection. Instruments that are intended to penetrate the skin (e.g., tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or be thoroughly cleaned and sterilized after each use according to procedures recommended for health care institutions. Instruments not intended to penetrate the skin but which may become contaminated with blood (e.g., razors), should be used for one client only and be disposed of or thoroughly cleaned and disinfected after use according to procedures recommended for health care institutions. Any PSW with exudative lesions or weeping dermatitis, regardless of HIV infection status, should refrain from direct contact with clients until the condition resolves. PSWs known to be infected with HIV need not be restricted from work unless they have evidence of other infections or illnesses for which any PSW should also be restricted.

Food-service workers (FSWs). FSWs are defined as individuals whose occupations involve the preparation or serving of food or beverages (e.g., cooks, caterers, servers, waiters, bartenders, airline attendants). All epidemiologic and laboratory evidence indicates that bloodborne and sexually transmitted infections are not transmitted during the preparation or serving of food or beverages, and no instances of HBV or HIV transmission have been documented in this setting.

All FSWs should follow recommended standards and practices of good personal hygiene and food sanitation. All FSWs should exercise care to avoid injury to hands when preparing food. Should such an injury occur, both aesthetic and sanitary considerations would dictate that food contaminated with blood be discarded. FSWs known to be infected with HIV need not be restricted from work unless they have evidence of other infection or illness for which any FSW should also be restricted.

APPENDIX 1a

Pre HIV Antibody Test Counselling

What You Need to Know About the AIDS Virus Antibody Test Before You Take It

The decision to be tested for the antibody to the virus that causes AIDS is voluntary, and in Manitoba any person at high risk for AIDS can have the test. You have the right to be well informed about the advantages and disadvantages of testing. It is very important that you exercise this right by obtaining complete and thorough pre-test counselling. Your counsellor will be able to discuss the advantages and disadvantages of testing with you before you make your decision. It is very important that before the test, you ensure that your counsellor or doctor has obtained your consent to the testing. You may wish to sign a written consent for the test (see enclosed), but a verbal consent is satisfactory if you are 18 years of age or older.

You are considered to be at HIGH RISK if any of the following descriptions apply to you:

- Male with sexual contact with another male since 1979.
- User of non-prescribed drugs injected into the veins or skin.
- Recipient of multiple blood/blood product transfusions since 1979 for an inherited bleeding disorder.
- Person from a part of the world where AIDS is very common.
- Sex partner of a person in one of the above categories.
- Offspring of a person in one of the above risk categories.
- Anyone who exhibits signs or symptoms of HIV (AIDS virus) infections.
- Someone with a recent sexually transmitted disease.

What the Test Means

The AIDS virus antibody test detects the presence of antibodies to the AIDS virus by using a simple blood test. Antibodies are normally produced when the body is responding to infection.

A positive test means that a person has been exposed to the AIDS virus at some time in the past. Often there is no certain way of knowing when exposure has occurred. There is evidence that most of those with positive tests carry the AIDS virus and can transmit the infection. This does not mean they have AIDS. A positive result is highly accurate and false positive tests are rare. A positive test always means AIDS virus exposure has occurred. Current information suggests that 25-50% of antibody positive persons will get AIDS within 5-10 years. Until we have further information, persons with positive test results should consider themselves capable of transmitting the virus to others through direct sexual contact involving the exchange of body fluids and through direct exposure to blood.

A negative test usually means that the person has never been exposed to the AIDS virus and is not now carrying the virus. A negative blood test does not mean that one cannot get AIDS in the future. It does not even provide absolute assurance that one is not currently infected with the virus. A negative antibody test may mean that the antibody has not yet developed. Occasionally a person infected with the AIDS virus may have a negative test. No test is 100% accurate, and because a false result is possible, follow-up tests may be needed for high risk individuals. In

Manitoba all positive tests and unexpectedly negative tests will have been checked using a different type of test called a confirmatory test. This will help to determine the true result.

In summary:

- A positive antibody test indicates that infection with HIV virus has occurred at some time.
- Up to 25-50% of people with a positive test will develop AIDS within 5-10 years.
- Persons positive for antibody to AIDS virus should consider themselves capable of spreading the infection to others.
- A negative test in a person at high risk indicates but does not guarantee that the person is not infected.
- A negative test does not mean that a person is immune to AIDS.

Should I Get Tested?

The benefits of being tested

- Taking the test could help you make important personal decisions.
- Many people will find a negative test result reassuring and redouble their effort to avoid becoming infected while there is no vaccine or cure. (Most individuals at risk for HIV infection in Manitoba have a negative test).
- Many people may find that the uncertainty of not knowing whether they have become infected causes more anxiety than knowing they have a positive test.
- Many people may want to know their test results before beginning a new sexual relationship.
- The personal knowledge that they are positive and could transmit the virus to others, possibly causing their death, will motivate infected persons to maintain safer sexual practices and take other appropriate precautions.
- The test may help individuals at high risk who are contemplating a pregnancy to make an informed decision.
- In Manitoba the blood test will only be performed when a code is used to guarantee the anonymity and confidentiality of the test result. Therefore, this should reduce fears concerning discrimination in insurance, employment and other areas. (Your counsellor can advise you on ways to minimize risks of discrimination.)

The disadvantages of being tested

- Some people may experience stress, anxiety, depression or guilt if their test is positive.
- If positive, some people may have difficulty continuing to share emotional intimacy and affection with others even though there is little risk of passing on infection if safer sex practices are always adhered to.

Privacy and Confidentiality

- In Manitoba, an encoded requisition for the AIDS antibody test is required. This code has been carefully designed to ensure that only you and your physician (and your counsellor if a counsellor is desired) will be able to find out whether you have had the test and what the result of your test is. An example of the code is shown below:

	LAST 2 LETTERS OF MOTHER'S MAIDEN NAME	YEAR OF PATIENT'S BIRTH	DAY OF BIRTH	SEX M OR F	HEALTH REGION OF PATIENT'S RESIDENCE (SEE MAP ON REVERSE)
PATIENT CODE NO.		19			

- There are only four circumstances in which positive test results might become known to others:

  1) if individuals have AIDS virus antibodies and donate blood;

  2) if asymptomatic individuals have agreed to have their consent for and test result on the chart either in the doctor's office or hospital;

  3) if persons with AIDS and AIDS related conditions who are in hospital undergo invasive medical or dental procedures, or are referred for consultation for AIDS virus infections;

  4) if a person with a positive test result informs others.

APPENDIX 1b

The Pre HIV Antibody Test Counselling

Information Sheet (Abbreviated Form)

Before being tested for the AIDS antibody test you should be aware that:

- The test is voluntary. You should know about the recommended test procedure and the interpretation of results before the test is taken. You have the right to ask for counselling from a qualified individual before testing.
- Individuals at an increased risk of AIDS virus infections are: Anyone who exhibits signs or symptoms of AIDS virus infections; males who have had sexual contact with another male since 1979; users of non-prescribed drugs injected into the veins or skin; recipients of multiple blood/blood products transfusions since 1979 for an inherited bleeding disorder or for any other reason; those originating from a high risk part of the world such as central Africa or Haiti; any individual who is a sex partner of someone who is in any one of the above categories; a child born to a female in one of the above risk categories; an individual with a recent sexually transmitted disease.
- A positive test for antibody to the AIDS virus indicates that infection with the AIDS virus has occurred at some time. It does not indicate that the person is immune to AIDS virus infection.
- Up to 25-50% of people with a positive antibody test will develop AIDS within 5-10 years.
- Persons at increased risk for AIDS virus infection should consider themselves infectious and should take precautions to minimize the risk of transmitting body fluids to others (by such means as the use of condoms during sexual activity, by use of safer sex practices — see attached pamphlet). Access to counsellors trained to understand the concerns of individuals positive for the antibody to the AIDS virus can be provided by your doctor.
- A negative test is not an absolute guarantee that the person is free from infection, especially recent infection.
- The decision to take the AIDS virus antibody test is a personal one but has important implications for your health. If your test result is negative, you can minimize the risk of acquiring this infection. The risk of acquiring AIDS virus infections during sexual relations can be reduced if your sex contact is not in one of the high risk categories previously mentioned. Failing this, risk can be minimized by sexual activities which eliminate the transmission of body fluids. The transmission of virus through body fluids may be prevented by latex condoms, if used properly. Reducing the number of sexual contacts reduces the risk of acquiring AIDS virus infection. You should avoid illicit intravenous drug use and sharing needles.
- Privacy of your test results is ensured through the use of a code known only to you and your doctor. This should reduce fears concerning discrimination in employment, housing or other areas. Before taking the test you should discuss with your doctor any situation where your test result will be shared with others. You should be aware that a positive HIV antibody test will affect your ability to qualify for life insurance.

APPENDIX 2

Aids Virus Antibody Testing

Consent Form

I understand the document called WHAT YOU NEED TO KNOW ABOUT THE AIDS VIRUS ANTIBODY TEST BEFORE YOU TAKE IT, or other pre-testing information documents approved by the HIV Subcommittee. I understand that if I have a positive test, or am at risk (regardless of the result of my test), that I, my doctor or my counsellor should advise any health and personal caregiver(s) that I require blood and body fluid precautions.

I consent to have the AIDS virus (HIV) antibody test performed on me.

I understand that my doctor or counsellor will send my blood labelled with a code and without my name to the laboratory so that my results will be kept anonymous and entirely confidential. I understand that my doctor or counsellor will not give my name with my test results to any person(s) without my permission.

I understand that I have to return to see Doctor _____ and he/she will give the result only to me.

I understand that I will be required to have post-test counselling to discuss the result of my test.

My doctor has assured me that this consent form and the test result will be kept in a place that I accept as secure.

Please check the appropriate box below.

☐ I agree to have the result of my test and this consent form in the chart in my doctor's office.

☐ I do not agree to have the result of my test and this consent form in the chart in my doctor's or counsellor's office.*

***Note:** Hospital policy may require that the result of in-hospital HIV testing be placed on the hospital chart.

_____
Date

_____
Name of Patient

_____
Signature of Patient/
Legal Guardian

_____
Name of Witness

_____
Signature of Witness

APPENDIX 3a

Post HIV Antibody Test Counselling

What a Positive Aids.Antibody Test Result Means

The antibody to the AIDS virus is a protein the body produces in response to an infection by the AIDS virus. The AIDS virus (usually called HIV) may cause serious disease resulting in the body's inability to fight infection.

A positive test indicates that the antibody to the AIDS virus has been found in your blood. A negative test indicates that the antibody has not been found in your blood. The test is not always accurate. A small percentage of persons tested may be told they have the antibody when in fact they do not. A small percentage of persons with negative test results have in fact been infected with the AIDS virus.

A Positive Test Result

What a positive antibody test result means:

- Your blood sample has been tested more than once, and the tests indicate that antibodies to the AIDS virus are present.
- You have been infected with the AIDS virus and your body has produced antibodies.
- You should assume that you are infectious and capable of passing the virus on to others. Most persons with AIDS antibodies have the active virus in their blood and body fluids.

What a positive antibody test does NOT mean:

- That you have AIDS or an AIDS Related Condition (ARC), unless you have symptoms of these.
- That you will get AIDS or ARC. Available evidence suggests that many persons with antibodies to the AIDS virus will remain well. (You may reduce chances of getting AIDS by avoiding further contact with the virus and maintaining a healthy lifestyle. See the following pages for this information.)
- That you are immune to AIDS.

If you test positive you should:

- Protect yourself from further infection and
- Protect others from the virus by using:

  Safer Sexual Practices:

  - When engaging in sexual activities avoid passing or receiving body fluids, especially blood and semen, but also saliva, urine, vaginal secretion or feces.
  - Avoid exposing other persons to your saliva by open-mouthed kissing or by oral sex without use of a condom.
  - If you are a male, sexual practices that do not transmit semen or pre-ejaculate (pre-cum) such as masturbation (either mutual or solitary), or rubbing the penis on the outside of your partner's body are safe (as long as your partner has no cuts or sores that might be exposed to your semen).

- If you are female, avoid other persons touching your vagina with their penis, fingers or tongue at any time, especially during your menstrual period.

  Note: Use of latex condoms, a diaphragm and a spermicidal foam or gel, where appropriate will reduce the risk of infection. However, they are not absolutely effective. You may wish to discuss precautions with your doctor. Reducing the number of casual sex partners will reduce the risk of infection. The only absolutely safe sexual activity is an exclusive relationship with a non-infected individual.

Other Safety Precautions:

- If you inject drugs into your veins or under your skin, avoid sharing needles or any other equipment.
- Avoid sharing toothbrushes, razors or any items that could have your blood or any other body fluid on it.
- If you bleed from a wound or cut, any item on which your blood has spilled should be cleaned with a mixture of 1 part household bleach to 9 parts water. Any instrument with which your skin is punctured should be sterilized by boiling for 10 minutes and discarded safely (for example, in a screw-top glass or plastic container).
- Do not donate blood, plasma, sperm, body organs or other body tissue.
- If you have a driver's license, do not sign the organ donor portion of your license papers. If you have already signed the organ donor portion of your driver's license, cross out your signature.
- Tell any person giving you medical or dental care that he/she must always use Blood and Body Fluid Precautions. This will help decrease their risk of contacting the disease.
- If your work involves the possible exposure of others to your blood or other body fluids, you should take the same precautions used in your workplace to prevent exposure to hepatitis B.
- See a doctor at least twice a year for a complete medical checkup and advice about maintaining your health. It is important that you find a doctor with whom you feel comfortable. You and your doctor should be able to discuss freely the ways of reducing the risk of transmitting the AIDS virus to others.
- If any of the following problems occur, see your doctor:

  a) unexplained weight loss,

  b) unexplained fever,

  c) unexplained diarrhea,

  d) yeast infections in the mouth,

  e) severe sweating during the night,

  f) extreme fatigue,

  g) swollen glands,

  h) purplish spots on top of or beneath the skin, or in the mouth, nose or anus,

  i) dry cough or shortness of breath.

  Please note that the above symptoms may also indicate an infection not related to the AIDS virus.

- To improve your chances of staying healthy, avoid unsafe sex practices, non-medically prescribed injections of drugs, heavy alcohol use, oral use of "street drugs", fatigue and stress.

You should develop and maintain good nutrition and rest patterns. Currently, there are no treatments or drugs which can be taken to change the course of AIDS virus infections.

- You should try to inform any sex or needle-sharing partners of your test result, and encourage them to see a doctor for a checkup. If you are a woman with a positive test result and have had children born since 1979, you should take them to a doctor for a checkup.
- If you or your sex partner is pregnant, make sure the doctor taking care of the pregnancy knows about your positive antibody test.
- If you or your sex partner plan on becoming pregnant, discuss your intentions with your doctor. It is recommended that until more is known about pregnancy in a relationship where at least one of the partners is antibody positive, pregnancy should be avoided.

Which activities can you continue normally?

- Usual social contact with family and friends. Hugging, caressing, and kissing on the cheek, or dry kissing on the lips (without exchanging saliva) does not spread the virus.
- Usual contact with persons in the community without restrictions. The virus does not spread through the air.
- Your job. If your job involves the possibility of exposing others to your blood or body fluids, special precautions should be taken.
- Normal food preparation. In the event of an accident, any food contaminated by blood should be discarded.

Where can I get help to decrease my fears and worries?

You may go to your doctor, your counsellor or be referred to a specialist for advice and help. If you live in or near Winnipeg, there are support groups and peer-counselling services for you through the Manitoba Chapter of the Canadian Hemophilia Society (787-2465 or 775-8625), and the Village Clinic (453-2114). Further information may also be obtained from Manitoba Health at 945-6834.

What happens to my test results? Who will know about the results?

Your blood sample has been sent to the laboratory for testing with only a code used as an identification. Your code number and the fact that it was an antibody test with a positive result will be recorded confidentially. Your name will not be recorded by Manitoba Health because it will not be known to them (unless you have AIDS which is a reportable disease). You, your doctor and/or counsellor are the only ones who know the results of your test.

That is why it is so important that you:

- should request **blood and body fluid precautions** when seeking, medical, dental, or personal care,
- take every precaution to avoid passing the infection to others.

APPENDIX 3b

Post HIV Antibody Test Counselling

What a Negative Aids Antibody Test Result Means

The antibody to the AIDS virus is a protein the body produces in response to an infection by the AIDS virus. The AIDS virus (usually called HIV) may cause serious disease resulting in the body's inability to fight infection.

A positive test indicates that the antibody to the AIDS has been found in your blood. A negative test indicates that the antibody has not been found in your blood. The test is not completely accurate. A small percentage of persons tested may be told they have the antibody when in fact they do not (less than 1%). A small percentage of persons with negative test results have in fact been infected with the AIDS virus.

A Negative Test Result

What a negative antibody test result means:

No antibodies to AIDS have been found at this time. There are three possible explanations for this:

1) You have not been in contact with the virus

OR

2) You have come in contact with the virus, but have not become infected. Repeated high risk exposure to the virus greatly increases the likelihood of your becoming infected. A negative test result does not mean that you are protected from infection in the future.

OR

3) You have been infected with the virus but have not produced antibodies yet. It may take from weeks to months to produce antibodies. A very small number of persons who become infected never produce antibodies.

What a negative antibody test does NOT mean:

- That you are immune to the virus.
- That you have not yet been infected with the virus. (You may have been infected and have not yet produced antibodies.)
- That you should stop worrying about being infected by the AIDS virus if you are at a high risk.

If you fit into any of the following categories you are at RISK for AIDS virus infection.

1) Male who has had sexual contact with another man since 1977. (It is safe to assume that a male who has had exclusively monagamous sexual contact with a partner who has likewise been exclusively monogamous since 1977 is not at risk.)
2) User of drugs injected into the veins or skin.
3) Hemophiliac or have had an inherited bleeding disorder and have had multiple transfusions from 1979 to November 1985.
4) Person from a part of the world where AIDS is common.
5) Sexual partner of a person with AIDS, AIDS related conditions, a positive AIDS antibody test or of someone in one of the above four groups.

What should you do if you are at high risk and have a negative antibody test?

- Because some infected persons will have a negative test result, you should take precautions as if you were infected with the virus.

Safer Sexual Practices:

- When engaging in sexual activities, avoid passing or receiving body fluids, especially blood and semen, but also saliva, urine, vaginal secretions or feces.
- Avoid exposing yourself to saliva by open-mouthed kissing or by having oral sex without using a condom.
- If you are a male, sexual practices that do not transmit semen or pre-ejaculate (pre-cum) such as masturbation (either mutual or solitary), or rubbing the penis on the outside of your partner's body are safe (as long as your partner has no cuts or sores that might be exposed to your semen).
- If you are female, avoid other persons touching your vagina with their penis, fingers or tongue at any time, especially during your menstrual period.

  Note: Use of latex condoms, plus a diaphragm and a spermicidal foam or gel where appropriate will reduce the risk of infection. You may wish to discuss these safe sexual practices with your doctor. Reducing the number of casual sex partners will reduce the risk of infection.

Other Safety Precautions:

- If you inject drugs into your veins or under your skin, avoid sharing needles or any other equipment for injecting drugs.
- Avoid sharing toothbrushes, razors or anything else that could have your blood or any other body fluid on it.
- If you bleed from a wound or cut, any item on which your blood has spilled should be cleaned with a mixture of 1 part household bleach to 9 parts water. Any instrument with which your skin is punctured should be sterilized by boiling for 10 minutes and discarded safely in a screw-top glass or plastic container.
- Do not donate blood, plasma, sperm, body organs or other body tissue.
- If you have a driver's license, do not sign the organ donor portion of your license papers. If you have already signed the organ donor portion of your driver's license, cross out your signature.
- Tell any person giving you medical or dental care that he/she must always use **blood and body fluid precautions**. This will help decrease their risk of contacting and spreading the disease.
- If your work involves the possible exposure of others to your blood or other body fluids, you should take the same precautions used in your workplace to prevent exposure to hepatitis B.
- See a doctor for a complete medical checkup and serology test for HIV twice a year. It is important that you find a doctor with whom you feel comfortable. You and your doctor should be able to discuss freely the ways of reducing the risk of transmitting and acquiring the AIDS virus. If you continue to be at risk for AIDS virus infection, you may require an additional blood test.
- If you are a woman at high risk for AIDS and have had children born since 1979, take them to a doctor for a checkup.
- If you or your sex partner is pregnant, make sure the doctor taking care of the pregnancy knows that you are at high risk.
- If you or your sex partner plan on becoming pregnant, discuss your intentions with your doctor.

- If any of the following problems occur, see your doctor:
  a) unexplained weight loss,
  b) unexplained persistent fever lasting more than a few days,
  c) unexplained diarrhea lasting more than a few days,
  d) yeast infections in the mouth,
  e) severe sweating during the night,
  f) extreme fatigue,
  g) swollen glands,
  h) purplish spots on top of or beneath the skin, or in the mouth, nose or anus,
  i) dry cough or shortness of breath.

  Please note that the above symptoms may also indicate an infection not related to the AIDS virus.

Where can I get help to decrease my worries about AIDS?

You may go to your doctor or your counsellor for advice and help. If you live in or near Winnipeg, there are support groups and peer-counselling services set up for you through the Manitoba Chapter of the Canadian Hemophilia Society (787-2465 or 775-8625) and the Village Clinic (453-2114). Further information may also be obtained from Manitoba Health at 945-6834.

What happens to my test results? Who will know about the results?

Your blood sample has been sent to the laboratory for testing with only a code used as an identification. Your code number and the fact that it was an antibody test with a negative result will be recorded confidentially. Your name will not be recorded by Manitoba Health because it will not be known to them. You, your doctor and/or counsellor are the only ones who know the results of your test.

That is why it is so important that you:

- should request **blood and body fluid precautions** when seeking, medical, dental or personal care,

  and that you

- take every precaution to avoid getting the infection or passing it on to others.